

# Idaho Infant Toddler Program REFERRAL and APPLICATION

9/08

<b>Child Information</b>		(Form FT-04-2006)
Name	Child's Address/City/Zip Code	SS # DOB
Is the child currently enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, MID# _____		
Healthy Connections? <input type="checkbox"/> Yes <input type="checkbox"/> No School District: _____		
<b>Parent/Guardian Information</b> (Specify Mother, Father, Foster Parent, other Guardian)		
Name	Address	Phone (day) (evening)
Name	Address/City/Zip Code	Phone (day) (evening)
<b>Other Contacts</b>		
Physician	Address/City/Zip Code	Phone (day) (evening)
Social Worker	Address/City/Zip Code	Phone (day) (evening)
<b>Referral Information</b>		
Person Making Referral	Relationship to Child	Phone (day) (evening)
List other services provided to child (including other DHW services):  		
History/Information about child/family or area of concern:  		
CA/N Substantiated? Y N Open CFS Case? Y N		

CONSENT FOR INITIAL EVALUATION(S)		
<p>It is the goal of the Infant Toddler Program to involve the family at all levels of decision making. A brief explanation of evaluations that could be done are on the back of this form. You will be provided a copy of your rights as a parent in the Infant Toddler Program. An explanation of the rights is available in your native language.</p> <p>For children birth to three, you have the right to decline any early intervention service without jeopardizing other early intervention services for their child. You may refuse some evaluations and consent to others.</p> <p>Please check the box below and complete to give permission for evaluations to be completed.</p> <p>Note: No initial evaluations will be conducted without parent consent. If consent is refused, the family will be informed of any known consequences.</p>		
<b>I give my consent to conduct the following evaluation(s):</b> <i>(See list and description of evaluations on back)</i> <input type="checkbox"/> Developmental <input type="checkbox"/> Medical/Social History <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<b>I do <u>not</u> give my consent to conduct the following evaluation(s):</b>	<b>Reason(s) for proposed evaluation(s):</b>
Parent/Guardian Signature/ Date _____		Parent/Guardian Signature/ Date _____

See back for return address and contact information.    Region \_\_\_\_ Field Office \_\_\_\_ Date Received \_\_\_\_

<b>Idaho Infant Toddler Program EVALUATION DESCRIPTIONS</b>	
<b>Developmental</b>	Assesses your child's growth in different areas, which may include communication, social and emotional development, fine and gross motor abilities, and other areas of growth.
<b>Medical/Social History</b>	Collects information about your child's medical history.
<b>Social/Emotional</b>	Collects information about your child's social and emotional development. May include rating scales, personal inventories, behavioral observations, and personal interviews.
<b>Communication</b>	Assesses your child's ability to communicate verbally and nonverbally.
<b>Speech</b>	Assesses your child's articulation (speech sounds), voice, fluency, and motor skills for speech.
<b>Language</b>	Assesses your child's receptive and expressive language skills, including phonology, morphology, syntax, semantics, and pragmatics.
<b>Hearing</b>	Evaluates your child for hearing acuity. Includes pure tone testing, oto-acoustic emissions and impedance testing of middle ear functioning.
<b>Vision</b>	Evaluates your child's visual acuity (ability to see).
<b>Adaptive behavior</b>	Assesses your child's general behaviors at home, school, and community.
<b>Cognitive ability</b>	Assesses your child's ability to learn, problem-solve, comprehend and reason.
<b>Fine and gross motor</b>	Assesses your child's motor skills and abilities.
<b>Occupational therapy</b>	Assesses your child's fine motor skills and abilities.
<b>Physical therapy</b>	Assesses your child's gross motor (movement) skills and abilities.
<b>Medical</b>	Determines your child's developmental status and need for services, and may include a physical exam by a physician.
<b>Nursing</b>	Assesses your child's health status and is done by a nurse, may include identification of health problems.
<b>Nutrition</b>	Reviews your child's nutritional history and dietary intake, growth measurements, feeding skills and feeding problems, food habits and food preferences.

<b>CONTACT INFORMATION</b>			
<b>Region</b>	<b>Counties Served</b>	<b>Address</b>	<b>Phone</b>
<b>I</b>	Benewah, Bonner, Boundary, Kootenai, Shoshone	2195 Ironwood Court Coeur d'Alene, ID 83841	(208)769-1409
<b>II</b>	Clearwater, Idaho, Latah, Lewis, Nez Perce	2604 16 <sup>th</sup> Avenue Lewiston, ID 83501	(208)799-3460
<b>III</b>	Adams, Canyon, Gem, Owyhee, Payette, Washington	823 Parkcenter Way Nampa, ID 83651	(208)475-5067
<b>IV</b>	Ada, Boise, Elmore, Valley	1720 Westgate Dr. Suite B Boise, ID 83704	(208)334-0920
<b>V</b>	Blaine, Camas, Cassia, Gooding, Jerome, Lincoln Minidoka, Twin Falls	PO Box 5579 Twin Falls, ID 83303	(208) 736-2182
<b>VI</b>	Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, Power	421 Memorial Drive Pocatello, ID 83201	(208)234-7900
<b>VII</b>	Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, Teton	2475 Leslie Ave. Idaho Falls, ID 83403	(208)525-7223